

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-585,482

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1		1			
4		1		1		
5		1		1		
6		1				
7		1		1		
8		7		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18		1		1		
19	1		1			
20		6		1		
21		10		1		
22		10		1		
23	1		1			
24		1		1		
25		1		1		
26		1				
27		1		1		
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48						
49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	31	←	25	←		←
TOTAL CLAIMS	38		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						